



City of Columbus
/PP52 Leave of Absence

Employee Name: Last, First, Middle Initial

Action Types (T)

- | | |
|--|---|
| <input type="checkbox"/> Begin Leave of Absence (2) | <input type="checkbox"/> Correct Existing Entry (3) |
| <input type="checkbox"/> Extend Leave of Absence (3) | <input type="checkbox"/> Delete Leave Entry (1) |
| <input type="checkbox"/> Cancel Leave (1) | <input type="checkbox"/> Reissue Leave (2) |

Leave of Absence Information

Social Security Number: _____

Transaction Type: _____

Department: _____

Division: _____

Position Number: _____

Date Begin: / /

Date Ending: / /

Reason Code: _____

Comments: _____

Signatures

☐ Entered

I hereby certify that the facts stated above are correct.

Employee Signature: _____ Date: _____

Division Head Signature: _____ Date: _____

Appointing Authority Signature: _____ Date: _____

Civil Service Commission

☐ Approved ☐ Disapproved By: _____ Date: _____

☐ CSC Verified